

## Request to Object to Automated Decision Making and Profiling

Article 22 of GDPR states that a data subject shall have the right not to be subject to a decision based solely on automated processing (including profiling) which produces legal effects concerning him or her or similarly significantly affects him or her.

This shall not apply where the decision:

- a. Is necessary for entering into, or performance of, a contract between the data subject and controller
- b. Is authorised by Union or Member State Law and which also lays down suitable measures to safeguard the data subject's right and freedoms and legitimate interests
- c. Is based on the data subjects explicit consent

If you do not wish to be subject to a decision based solely on automated processing, including profiling please complete this form and submit it, with proof of identity that you are the Data Subject,<sup>1</sup> to The Data Protection Officer, Higher Education Authority, 3 Shelbourne Road, Dublin D04 C2Y6 or email it to [dataprotection@hea.ie](mailto:dataprotection@hea.ie)

If you are making the request on behalf of a Data Subject, an authorising letter signed by the Data Subject with proof of the Data Subjects identity must be submitted.

In order to process your request, the HEA may need to contact you to request additional information or to seek clarification. We will confirm the outcome of your request within 30 days of receiving your request.

### PLEASE COMPLETE IN BLOCK LETTERS

Details of Data Subject	
Name:	
ID provided	
Contact Number	

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<sup>1</sup> Data Subject is the individual who has a right to request access to their Personal Data and is the person who is the subject of the Personal Data in question

**Request not to be subject to a decision based solely on automated processing, including profiling**

Please provide details of your objection

**Declaration**

I hereby declare and confirm that all information and supporting documents provided by me in connection with this Request are true, accurate and complete. I understand that it will be necessary for the HEA to verify my identity and that the HEA may contact me for more detailed information in order to process my request. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of this request.

Name: (BLOCK CAPITALS)

Signature:

Date:

**For Internal Use**

**Application Reference Number**

**Linked Reference Number if the data subject has made a previous request**

**Received by:**

**Date:**

**Referred to:**

**Date:**

**Date Request Completed:**

**Date Requestor Informed:**

**Comments:**